

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Surgeons Professional Association PAC

ADDRESS (number and street)

20 F St NW, Ste 1000

Attn: Sara Morse

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00382424

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer

Christian Shalgian

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 17 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">380172.29</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">610565.29</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">30762.00</span>	<span style="border: 1px solid black; padding: 2px;">337715.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">641327.29</span>	<span style="border: 1px solid black; padding: 2px;">717887.29</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">65500.00</span>	<span style="border: 1px solid black; padding: 2px;">142060.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">575827.29</span>	<span style="border: 1px solid black; padding: 2px;">575827.29</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24585.00

267240.00

(ii) Unitemized .....

6177.00

70475.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

30762.00

337715.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

30762.00

337715.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

30762.00

337715.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

30762.00

337715.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65500.00	140500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1560.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1560.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65500.00	142060.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65500.00	142060.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30762.00	337715.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1560.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30762.00	336155.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Husain Ali Khan**

Mailing Address 4561 Olde Perimeter Way  
Apt 902

City Atlanta State GA Zip Code 30346-6002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2012

Transaction ID : B7187E5FB5C5112B966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Winston L. Anderson Jr.**

Mailing Address 77 Casa St  
Ste 101

City San Luis Obispo State CA Zip Code 93405-5804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Associated Surgeons of San Luis Obispo

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

Transaction ID : 1C40D7EFA7EBFBF2EF1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Anthony Atala**

Mailing Address Wake Forest Baptist Med Ctr  
Department of Urology

City Winston Salem State NC Zip Code 27157-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Children

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2012

Transaction ID : C7AE2BAF212F5F5D78E

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. John Albert Aucar**

Mailing Address 602 W University Ave

City

Urbana

State

IL

Zip Code

61801-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carle Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2012

**Transaction ID : A933D9BA-98F3-4539-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

06 / 26 / 2012

**Transaction ID : 441EAF0A9750F4C7CD85**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Burton Herbert Baker**

Mailing Address 2425 East St

Ste 18

City

Concord

State

CA

Zip Code

94520-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2012

**Transaction ID : 371714CBCD2072D90BF**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dennis Gerard Begos**

Mailing Address 91 Montvale Ave  
Ste 208

City State Zip Code  
Stoneham MA 02180-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2012

**Transaction ID : 1F858510782CAFE3566**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Harper Bledsoe**

Mailing Address 709 Sky Mountain Dr

City State Zip Code  
Rogers AR 72756-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2012

**Transaction ID : 19080D62-B2F0-4ACC-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John J. Borkowski**

Mailing Address 85 Church St

City State Zip Code  
Middletown CT 06457-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

**Transaction ID : CDFDFC082F372E0E960**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. L. Michael Brunt

Mailing Address Washington University School of Me  
 Campus Box 8109

City State Zip Code  
 St. Louis MO 63110

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Washington University School of Medici

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2012

Transaction ID : 167DE594265ADEF0853

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dale Buchbinder

Mailing Address Good Samaritan Hospital  
 Rmb Suite 412

City State Zip Code  
 Baltimore MD 21239

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2012

Transaction ID : 4EBD9C4D0481CED162EB

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Jo Buyske

Mailing Address 1617 John F Kennedy Blvd  
 American Board of Surgery

City State Zip Code  
 Philadelphia PA 19103-1821

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Board of Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2012

Transaction ID : 419BE9FE-FBDB-4E5E-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1325.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

**A. Amalia Lenora Cochran**

Mailing Address 30 N 1900 E

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

Transaction ID : 46B0A384D9B4DE5A276E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Martin Alexander Croce**

Mailing Address Univ of Tennessee Department of Su

Ste 220

City

Memphis

State

TN

Zip Code

38163-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	2

Transaction ID : 45CBA02BDCAD93C08772

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. Heather S. Dolman**

Mailing Address 4201 Saint Antoine St

Ste 4S-13

City

Detroit

State

MI

Zip Code

48201-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	2

Transaction ID : 788300B6-123F-4B67-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

580.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Kim Fraser Duncan**

Mailing Address University of Nebraska Medical Ctr  
 Cardiothoracic Surgery

City Omaha State NE Zip Code 68198-2315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nebraska Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 21 / 2012

Transaction ID : B6BEBBDFB6EDB6C3A23

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Brian James Dunkin**

Mailing Address Methodist Hospital Department of S  
 Suite Sm 1661

City Houston State TX Zip Code 77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 07 / 2012

Transaction ID : 4B6182DD5BF2037BE5EB

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Gary Don Dunn**

Mailing Address 920 Stanton L Young Blvd  
 Wp 2140

City Oklahoma City State OK Zip Code 73104-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OUHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

Transaction ID : A410759152DEE0F039D

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 39

(check only one)

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Margaret M. Dunn

Mailing Address PO Box 927

Wright State Univ School of Medici

City

Dayton

State

OH

Zip Code

45401-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2012

Transaction ID : 4B248CB5EDB87EEB8851

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Afshin Ehsan

Mailing Address 7 Spaulding Ln

City

Newton

State

MA

Zip Code

02459-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2012

Transaction ID : D07D5F2E7E3D5636F0D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Henri Ford

Mailing Address Children's Hospital of Los Angeles

Mailstop 72

City

Los Angeles

State

CA

Zip Code

90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Pittsburgh

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2012

Transaction ID : 96F3B7BB-EF6B-4D07-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jennifer Suzanne Gass**

Mailing Address 80 Adams Point Rd

City

Barrington

State

RI

Zip Code

02806-5040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : 4CECB66FB860F2822318**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ross Frederick Goldberg**

Mailing Address 212 Island Harbor Cir

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1435.00

Date of Receipt

06 / 26 / 2012

**Transaction ID : 4A5CBA13CB3352453E4**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. B. David Gorman**

Mailing Address 1115 5th Ave  
 # 1A

City

New York

State

NY

Zip Code

10128-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

5th Ave Eye Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

**Transaction ID : 4B4C48D8AFD93C5461D**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas Richard Hakala**

Mailing Address 2710 Last Chance Ct

City

Reno

State

NV

Zip Code

89511-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

**Transaction ID : 26C70DBA-3549-4F98-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kim S. Hamelberg**

Mailing Address 495 Cooper Rd  
Ste 430

City

Westerville

State

OH

Zip Code

43081-8723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 15 / 2012

**Transaction ID : 09FE29A4-4BFE-4536-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Max D. Hammer**

Mailing Address 4416 Foxhall Ln

City

Springfield

State

IL

Zip Code

62711-6759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springfield Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

**Transaction ID : B87681F551A0D843D1B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. John B. Hanks**

Mailing Address Of Surgery

University of Virginia Hospital, D

City State Zip Code  
 Charlottesville VA 22908-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Va Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 06 / 08 / 2012

**Transaction ID : 7D835AF3B7E2473953E**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Adam Benjamin Hittelman**

Mailing Address Yale Physician Building  
 3rd Floor - Urology

City State Zip Code  
 New Haven CT 06519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale Urology

Occupation

Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 06 / 13 / 2012

**Transaction ID : 1462705E-A8E0-4F11-**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Adam Benjamin Hittelman**

Mailing Address Yale Physician Building  
 3rd Floor - Urology

City State Zip Code  
 New Haven CT 06519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale Urology

Occupation

Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 06 / 13 / 2012

**Transaction ID : A01C6FE1-E78C-4B71-**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

**A. Seth David Izenberg**

Mailing Address 501 N Graham  
Suite 580

City State Zip Code  
Portland OR 97227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Surgical PC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2012

Transaction ID : 4A3791E682C309D692F7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Raymond Joseph Joehl**

Mailing Address Edward Hines, Jr. Va Hospital  
Surgical Service

City State Zip Code  
Hines IL 60141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hines VA Hospital

Occupation

Surgeon &amp; Chief of Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2012

Transaction ID : 947B692D-69B9-4E30-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jay Johannigman**

Mailing Address 2708 Johnstone Pl

City State Zip Code  
Cincinnati OH 45206-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2012

Transaction ID : A1F3C903707D1FB61ED

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mark Allen Jones**

Mailing Address 127 Beaver Dam Rd

City State Zip Code  
Columbia SC 29223-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 08 / 2012

Transaction ID : CD3F30E8F09F13CEDAF

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Edwin P. Kane II**

Mailing Address 1100 Clifton Ave

City State Zip Code  
Clifton NJ 07013-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 470BE212C5239B867EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Krista L. Kaups MD FACS**

Mailing Address Department of Surgery, 1st Floor  
Crmc

City State Zip Code  
Fresno CA 93721-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Regional Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2012

Transaction ID : 3C8C2DA1-9E79-43E0-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Norman M. Kenyon**

Mailing Address 9855 SW 69th Ave

City  
Miami

State  
FL

Zip Code  
33156-3051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

**Transaction ID : 641AF96B483343587AB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Vincent Knaus**

Mailing Address 5747 Dempster St  
Ste 100

City

Morton Grove

State

IL

Zip Code

60053-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

**Transaction ID : 86B76F492E25B877361**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OUSHC Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 03 / 2012

**Transaction ID : 40DF8F0881B9A03C24E1**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

**A. David B. McAneny**

Mailing Address Boston Medical Center  
Fgh Building, Suite 5008

City State Zip Code  
Boston MA 02118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 08 / 2012

Transaction ID : 022D1B93E319038C394

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Charles T. McHugh**

Mailing Address 71 Broadway St  
PO Box 699

City State Zip Code  
Baileyville ME 04694-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2012

Transaction ID : C2E021CD-15D1-412A-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Daniel R. Meldrum**

Mailing Address 2017MS Building 1  
635 Barnhill Drive

City State Zip Code  
Indianapolis IN 46240-7323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2012

Transaction ID : 79F4FAAE6B7F27218EC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Stephen Lee Miller**

Mailing Address Department of Surgery  
Suite Gs1203

City State Zip Code  
Johnstown PA 15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Conemaugh Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : FFA0F8B5-E922-4D14-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Jacob Moalem**

Mailing Address 601 Elmwood Ave  
# Surg

City State Zip Code  
Rochester NY 14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 26 / 2012

Transaction ID : 41A086E364FBEF9368EA

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

## **C. Robert Charles Morris**

Mailing Address 2320 W Ballantyne Dr

City State Zip Code  
Madison Lake MN 56063-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emmanuel Saint Joseph's

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2012

Transaction ID : D8B404771B0C0157F8D

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Prashanth Sashikan Navaran**

Mailing Address 296 Banker Blvd

City State Zip Code  
 Ukiah CA 95482-5675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Navy

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : FF89EB04FA5EC19118D**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Leigh A. Neumayer**

Mailing Address 1950 Circle of Hope Dr  
 Huntsman Cancer Hospital

City State Zip Code  
 Salt Lake City UT 84112-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012

**Transaction ID : 4F8786BCCF0E2271A8B9**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Thomas J. Nicholson**

Mailing Address 25 Monument Rd  
 Ste 260

City State Zip Code  
 York PA 17403-5073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Colon and Rectal Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012

**Transaction ID : F01CEC2D02014B36A18**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

715.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Patricia J. Numann**

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 16 / 2012

**Transaction ID : 46FDA2DAAA2BA94F82D0**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. J. Patrick O'Leary**

Mailing Address 11200 SW 8th St, AHC II693

Florida International University C

City

Miami

State

FL

Zip Code

33199-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida International University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2012

**Transaction ID : 7443D9211E830DA2D1B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patricia A. O'Neill**

Mailing Address 2 Montague Ter

Apt 4A

City

Brooklyn

State

NY

Zip Code

11201-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 26 / 2012

**Transaction ID : 47BF9F6189CCECA19719**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Mario Pezzi**

Mailing Address 1245 Highland Ave  
Ste 604

City Abington State PA Zip Code 19001-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2012

Transaction ID : 06159833A4E308E4D40

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Karl Podratz**

Mailing Address 200 1st St SW  
Mayo Clinic

City Rochester State MN Zip Code 55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2012

Transaction ID : 9A86605D-03D9-4D12-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Peter Poje**

Mailing Address 651 Delaware Ave

City Buffalo State NY Zip Code 14202-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Children's Hospital of Buffalo

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2012

Transaction ID : 46AF821097A545831CE9

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Howard I. Pryor**

Mailing Address 16722 32nd Ave W

City  
Lynnwood

State  
WA

Zip Code  
98037-3264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

George Washington Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2012

Transaction ID : 0CAA401C764344E169A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jose A. Ramirez**

Mailing Address 9200 S Dadeland Blvd  
Dadeland Towers North, Ste 101

City  
Miami

State  
FL

Zip Code  
33156-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Surgical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 5B8A2BCD2164B5B7665

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. John D. Randolph**

Mailing Address 4050 W Memorial Rd  
Oklahoma Cardiovascular Associates

City  
Oklahoma City

State  
OK

Zip Code  
73120-8382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Cardiovascular Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2012

Transaction ID : F9F8757392BF4354561

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kerry V. Rifkin**

Mailing Address 3815 Eldridge Ave

City

Orange Park

State

FL

Zip Code

32073-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

**Transaction ID : 939F8E1B-CB37-469B-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Theresa Elizabeth Robertson**

Mailing Address St. Louis Surgical Services  
Suite 406

City

Saint Louis

State

MO

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Louis Surgical Services

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

**Transaction ID : CA5E3AB6-5F60-4AD1-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Raymond Jude Ryan Jr.**

Mailing Address 2624 E Fork Dr

City

Vandalia

State

IL

Zip Code

62471-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

**Transaction ID : 0ADA9B5B0A2EAF36FD4**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 26 OF 39

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Paul Salomone**

Mailing Address 312 Glenn St SW

69 Jesse Hill Jr Drive Southeast

City Atlanta State GA Zip Code 30312-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 03 / 2012

Transaction ID : 45F7BD77530383554E3E

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Bruce David Schirmer**

Mailing Address Department of Surgery

University of Virginia Hospital

City Charlottesville State VA Zip Code 22908-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 0E291ADFAA597057B98

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Paresh C. Shah**

Mailing Address Department of Surgery

Lenox Hill Hospital

City New York State NY Zip Code 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 03 / 2012

Transaction ID : 48C39830476BC99A35D5

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

**A. Murray Leonard Shames**

Mailing Address 2 Tampa General Cir

Usf Health South Tampa Center , St

City Tampa State FL Zip Code 33606-3603

FEC ID number of contributing federal political committee.

C

Name of Employer

University of South Florida

Occupation

Vascular surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2012

Transaction ID : 4721B2E7FD87CB88242D

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Murray Leonard Shames**

Mailing Address 2 Tampa General Cir

Usf Health South Tampa Center , St

City Tampa State FL Zip Code 33606-3603

FEC ID number of contributing federal political committee.

C

Name of Employer

University of South Florida

Occupation

Vascular surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2012

Transaction ID : 4AD1A60371169DCFB92E

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Thomas Michael Shapiro**

Mailing Address 7415 Topam Glen Ct

City San Jose State CA Zip Code 95120-3511

FEC ID number of contributing federal political committee.

C

Name of Employer

San Jose Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

Transaction ID : 93176760309947F6F54

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

## **A. David Spain**

Mailing Address Stanford University

Department of Surgery

City

Stanford

State

CA

Zip Code

94305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stanford University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2012

Transaction ID : D8F97FAC-ECA2-4808-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ralph William Stewart**

Mailing Address 501 S 6th St

City

Vincennes

State

IN

Zip Code

47591-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 6B8E6D4DC526C8029E8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Amy E. Tan**

Mailing Address PO Box 1029

City

Blue Hill

State

ME

Zip Code

04614-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Hill Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2012

Transaction ID : 4274A71ED084D44361E5

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Collier Thirlby**Mailing Address Virginia Mason Medical Center  
Mailstop C6-Gsur

City	State	Zip Code
Seattle	WA	98111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Mason ClinicOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : F7F6F3EA43EA6E8D40B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dwayne Thwaites**Mailing Address 1134 N Road St  
Ste 8

City	State	Zip Code
Elizabeth City	NC	27909-3365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : 6DD12ADAB13CD4600FF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Glen Herman Tinkoff**Mailing Address 4755 Ogletown Stanton Rd  
Rm LE75

City	State	Zip Code
Newark	DE	19718-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christinia CareOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

**Transaction ID : 493EA197126311A6DDFF**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Marcos A. Ugarte**

Mailing Address 401 Allegheny Ave

City

Hanover

State

PA

Zip Code

17331-1957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 21 / 2012

Transaction ID : 6307E1EC91463C590F6

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Josef Jan Vanek**

Mailing Address 196 W Main St

City

Uniontown

State

PA

Zip Code

15401-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 1AE768C40E6418FCC2A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Harold Joseph Wanebo**

Mailing Address 206 Cass Ave

Landmark Medical Center

City

Woonsocket

State

RI

Zip Code

02895-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roger Williams Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 2C225CBC413CDC18885

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Barbara A. Ward**

Mailing Address 77 Lafayette Pl  
Ste 302

City State Zip Code  
Greenwich CT 06830-5426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

**Transaction ID : C361DD31B2B6BD184ED**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lynn Arlene Weston**

Mailing Address 10666 N Torrey Pines Rd  
Scripps Clinic

City State Zip Code  
La Jolla CA 92037-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Scripps Clinic

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2012

**Transaction ID : 753018E3-8448-4568-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Weerachai Wiri**

Mailing Address 116 John Dupree Dr

City State Zip Code  
Levelland TX 79336-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

**Transaction ID : 091EBA3F171E2B2662C**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Stacey Woodruff**

Mailing Address 5323 Harry Hines Blvd

City State Zip Code  
 Dallas TX 75390-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UT Southwestern Medical Center

Occupation  
 Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2012

**Transaction ID : 05F0A8F6-EB52-46F1-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles Yowler**

Mailing Address Metrohealth Medical Center  
 Department of Surgery

City State Zip Code  
 Cleveland OH 44109-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Metro Health Medical Center

Occupation  
 Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012

**Transaction ID : 4FDBBC8FE96152214A6D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

24585.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address PO Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**Xavier Becerra**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 7EC019152F6C2022B33**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837

Purpose of Disbursement  
2012 General Contribution

Candidate Name

**Daniel J. Benishek**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 799BC912F29B95595ED**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Michael F. Bennet**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : 19E8790D6D2B739F858**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brian Bilbray for Congress**Mailing Address 970 Seacoast Drive  
# 7

City Imperial Beach State CA Zip Code 91932

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**Brian P. Bilbray**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : B04121F100BEEFB12D6**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. MD for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**Charles W. Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : FB6E42A9D79B56D52BF**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2012 General Contribution

Candidate Name

**Charles W. Dent**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 77619BE35BDDFB03BF9**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Congressman Waxman Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2012

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
2012 Primary Contribution

011

**Transaction ID : 8FC2FDCFCEA5E7EC61C**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Henry A. Waxman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 33

Full Name (Last, First, Middle Initial)

**B. Diane Black for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement  
2012 Primary Contribution

011

**Transaction ID : 55A5B066F5F1CA2D941**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Diane Black**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Full Name (Last, First, Middle Initial)

**C. Friends of Cliff Stearns**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Mailing Address PO Box 308

City	State	Zip Code
Silver Springs	FL	34489

Purpose of Disbursement  
2012 Primary Contribution

011

**Transaction ID : F9CCE0A2C8F4EF51B37**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Clifford B. Stearns**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 03

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas	State NV	Zip Code 89136
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Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Joseph Heck Jr.**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 03

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 63FCA065F72CB96B825**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville	State PA	Zip Code 19375
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Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Joseph R. Pitts**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 16

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : DE7D1E2525B0ADEEC4A**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Lincoln PAC**

Mailing Address PO Box A3968

City Chicago	State IL	Zip Code 60690
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Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Lincoln PAC**Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 325FD348DA23712912C**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Lone Star Leadership PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : FA3802C3F2CFE01998D**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 4FDBAD91AF44749CF4E**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pascrell for Congress**

Mailing Address PO Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**William J. Pascrell Jr.**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : FDCB4B9273E86887E7F**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City Roswell	State GA	Zip Code 30077
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Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Thomas E. Price M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 44742C6BDD954AEBF70**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield	State MA	Zip Code 01108
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Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Richard Edmund Neal**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : 46F31A37B5702AC14AF**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Ricky Gill for Congress**

Mailing Address PO Box 691900

City Stockton	State CA	Zip Code 95269
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Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Ricky Gill**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

**Transaction ID : F3B283FA489D0611A26**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

**A. Scott Brown for US Senate Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Mailing Address 337 Summer Street

Transaction ID : A098DB28CF6F35FDA6A

City	State	Zip Code
Boston	MA	02210

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 Primary Contribution

011
Category/ Type

5000.00
---------

Candidate Name

Scott Philip Brown

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Full Name (Last, First, Middle Initial)

**B. Searchlight Leadership Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Mailing Address 700 13th Street NW  
Suite 600

Transaction ID : 367318F420D94B0FE54

City	State	Zip Code
Washington	DC	20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 Contribution

011
Category/ Type

5000.00
---------

Candidate Name

Searchlight Leadership Fund

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Full Name (Last, First, Middle Initial)

**C. Stabenow for US Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Mailing Address PO Box 4945

Transaction ID : 72F8C962A72492D38A8

City	State	Zip Code
East Lansing	MI	48826

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 General Contribution

011
Category/ Type

5000.00
---------

Candidate Name

Deborah Stabenow

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

65500.00